

Appl. No. 10/816,145  
Amdt. dated June 26, 2006  
Reply to Office Action of June 5, 2006

Dkt. 6879/71806

**REMARKS**

The application has been reviewed in light of the Office Action dated June 5, 2006. Claims 8-13 remain in the application. Claims 1-7 and 14-18 have been withdrawn from consideration and are canceled hereby without prejudice or disclaimer. Claim 8 has been amended hereby. Claim 19 has been added hereby and it is submitted that no new matter has been added.

Claims 8 and 10-13 have been rejected under 35 U.S.C. § 102(b) as allegedly unpatentable over U.S. Patent No. 6,030,351 to Schmidt et al. Claim 9 has been rejected under 35 U.S.C. § 103(a) as allegedly unpatentable over Schmidt et al. in view of U.S. Patent No. 5,643,331 to Katz.

Independent claim 8, as amended, relates to a method for monitoring a length of time that a person has been immobile. A control unit is reset, and whether a pressure sensor is activated is detected. A warning signal is activated if the pressure sensor remains activated during the entire first time period. **A user may manually reset the control unit**, for example, by pressing a reset button. The invention of claim 8 is well suited, for example, for use in an airplane to remind a user when it is time to get up and walk around so that the risk of deep vein thrombosis may be reduced.

Support for this amendment may be found in the original specification, for example at page 7, lines 14-21.

Schmidt et al. relates to a pressure relief reminder for reminding a patient confined to a bed or wheelchair to shift position to avoid bed sores or pressure sores.

Katz et al. relates to a method for preventing deep vein thrombosis through electrical stimulation.

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Neither Schmidt et al. nor Katz et al., taken alone or in combination, teach or suggest that a user may be permitted to manually reset the control unit.

The fact that a user may be permitted to manually reset the control unit, for example by pressing the reset button, provides tangible benefit over the cited art. For example, when used in an airplane, there are times when a passenger is not at liberty to get up and move about the cabin, for example during turbulence and landing. In such an occasion, resetting the control unit is desirable.

Schmidt et al. does provide for a "silencing push button" to allow the patient to disable audible alarms and instead use vibrating alarms. However, the silencing push button of Schmidt et al. is used to switch from an audible warning to a vibrating warning and thus does not provide the user with the ability to reset a control unit.

Moreover, it would not be obvious to modify Schmidt et al. to provide the user with this ability. This is because Schmidt et al. is intended to be used by patients confined to a bed or wheelchair and the risk that the patient may initiate a manual reset to avoid compliance may be high in this class of patients.

Accordingly independent claim 8 is patentably distinct from the cited art for at least the reasons cited above. Moreover, dependent claims 9-13 depend from claim 8 and thus inherit its claim limitations. Therefore, dependent claims 9-13 are patentably distinct from the cited art for at least similar reasons.

With respect to the three references listed on pages 1 and 2 of the specification but not submitted as part of an IDS, specifically "American Heart Organization, Economy Class Syndrome and Deep Vein Thrombosis," "Schreiber, Donald, Deep Venous Thrombosis and Thrombophlebitis, eMedicine Journal (Jun. 26, 2001)," and

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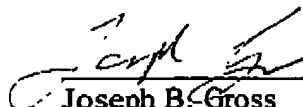
"NASA OH--Health Alerts, Flight-related Deep Vein Thrombosis (DVT)—Economy Class Syndrome," these references relate generally to the condition of deep vein thrombosis but do not relate to a method for monitoring a length of time that a person has been immobile. Accordingly, these references are not believed to be prior art and were thus not provided as part of an IDS.

Favorable reconsideration is earnestly solicited.

Respectfully submitted,

Dated: June 26, 2006

I hereby certify that this correspondence is being transmitted by facsimile to the USPTO at (571) 273-8300.	
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